



**TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE**

To the Local Permit Agent:

Date: 06-04-09

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Gary William Allard

ADDRESS: 31 Clayton Dr.
West Springfield, MA 01089-1259

TELEPHONE: 413-575-5756

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: Gonago Taxi

DATE OF BIRTH: 02-15-1956 SOCIAL SECURITY #: _____

HEIGHT: 6'3" WEIGHT: 270 HAIR: DK BROWN EYES: BROWN

DRIVER'S LICENSE #: 6

DATE OF EXPIRATION: 6

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: Gary W. Allard

APPROVED/NOT APPROVED: [Signature] Chief of Police Date: 6/12/09

Date Approved/Denied: _____ License # _____

Remarks: _____
